



California Department of Forestry and Fire Protection
Office of the State Fire Marshal



APPLICATION FOR PYROTECHNIC OPERATOR

INSTRUCTIONS:

1. Application must be completed in ink or typed. Illegible or incomplete applications will be returned. **Return completed application and any required documentation (see reverse) and appropriate fee.**
NOTE: Applications take 4-6 weeks to process.
2. Live Scan (fingerprints) is required. Fees listed below include at \$37.00 Live Scan (fingerprint) processing charge.
3. After evaluation and processing, if eligible, you will receive written notification and must take the examination within 30 days from the date of your Notification of Eligibility.

RETURN TO:

**CDF/STATE FIRE MARSHAL
ATTN: CASHIER/FIREWORKS PROGRAM
P.O. BOX 944246
SACRAMENTO, CA 94244-2460**

CHECK ONE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Special Effects 1st Class - \$287.00 | <input type="checkbox"/> Basic Commercial - \$162.00 | <input type="checkbox"/> Rocket 1st Class - \$87.00 |
| <input type="checkbox"/> Special Effects 2nd Class - \$237.00 | <input type="checkbox"/> Theatrical Trainee - \$137.00 | <input type="checkbox"/> Rocket 2nd Class - \$87.00 |
| <input type="checkbox"/> Special Effects 3rd Class - \$137.00 | <input type="checkbox"/> Theatrical - \$237.00 | <input type="checkbox"/> Rocket 3rd Class - \$87.00 |
| <input type="checkbox"/> Restricted Commercial - \$87.00 | <input type="checkbox"/> Performer - \$162.00 | |

APPLICANTS NAME: _____

MAILING ADDRESS: _____
Street/P.O. Box

City/State/Zip

TELEPHONE: () _____ () _____ () _____
Home Work Pager

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____ City/State ____/____/____ SSN

DESCRIPTION: HT: _____ WT: _____ HAIR: _____ EYES: _____

DISABILITIES: _____

PRESENT EMPLOYER: _____ HOW LONG? _____

ADDRESS: _____ TELEPHONE: () _____

(SEE REVERSE)

DOCUMENTATION REQUIREMENTS

TRAINING/EXPERIENCE

1. Indicate all pyrotechnic related courses studied, duration and date completed. **Use additional sheets if necessary.**
2. Describe all experience relating to the license classification applied for. Begin with most recent experience that you believe meets the requirements. **Use additional sheets if necessary.** Please be specific.

NOTE:

Basic Commercial: Indicate 8 shows by date, name of responsible pyrotechnic operator and location. We will verify your participation using the Post-Display Report submitted for this show. It is therefore imperative that you insure that your name is listed as an assistant on all Post-Display Reports for shows on which you have worked.

Special Effects (Upgrades): Submit a complete copy of your pyrotechnic log when upgrading. These logs must have name and license number of pyrotechnician in charge of each show.

Special Effects 1st Class and **Theatrical License Upgrades** also require an oral and practical interview.

TRAINING/EXPERIENCE: Please write legibly.

I certify under penalty of perjury that all statements, answers and representations made herein, including all supplementary statements attached hereto, are true and accurate.

Date: _____

Applicants Name (Print or Type): _____

Applicants Signature: _____